



*Email to [mediacenter@calexpo.com](mailto:mediacenter@calexpo.com)*

Individual or Organization Name			
Type/Purpose of Activity			
Requested Location			
Date(s) (5 days maximum)			
Time	Starting Time:	Ending Time:	
Contact Person			
Email Address			
Street Address			
City, State, Zip			
Telephone No.	Day #:	Evening #:	Fax #:

If yes, please list: \_\_\_\_\_

Please provide descriptive information about your organization or activity (i.e.: website, pamphlet, etc):

On behalf of the signatory, or in the case of a representative of a group signing on behalf of a group, signatory acknowledges receipt of Cal Expo's Free Speech Activities Guidelines. Further, signatory states that he/she has read the guidelines and that the guidelines will be distributed to members of the group or those using the designated area assigned to requestor.

Date \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_